

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445476	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 03/09/2014
NAME OF PROVIDER OR SUPPLIER ISLAND HOME PARK HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1758 HILLWOOD DRIVE KNOXVILLE, TN 37920		
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K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed; tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, it was determined that the facility failed to maintain the magnetic delayed egress doors.</p> <p>The findings include:</p> <p>Observation and testing on March 9, 2014 at 11:45 a.m. revealed that when the fire alarm is silenced that 6 of 6 magnetically locked by 15-second delayed egress doors will re-magnetize and lock back by their delayed egress function.</p> <p>During the initial fire alarm activation, all 6 of 6 delayed egress doors release and freely open, it is only when the fire alarm is silenced that they re-energize and lock back to their delayed egress function.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit interview on March 9, 2014.</p>	K 052	<p>The magnetic delayed egress doors were reprogrammed on 3/12/14 by Gallaher and Associates Inc. to remain released and freely open when fire alarm is silenced, and to re-energize and lock back to their delayed egress function when fire alarm is reset.</p> <p>Weekly inspections by the Facilities Management Director or the Facilities Management Assistant will be made of all magnetically locked doors for one month to assure proper programming is in place during silence phase of fire alarm testing to keep doors released and able to freely open, then monthly in conjunction with each fire drill.</p> <p>Results obtained will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to the action plan.</p> <p>Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director Dietician and Pharmacist reports are reviewed; and these consultants attend as needed.</p>	3/26/14	
K 076	NFPA 101 LIFE SAFETY CODE STANDARD	K 076			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 076 SS=D	Continued From page 1 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure medical gasses were properly stored. The findings include: Observation on March 9, 2014 at 8:48 a.m. revealed the outside oxygen storage area has 10 oxygen E-cylinders that were not secured in a storage rack or container. This finding was verified by the maintenance director and acknowledged by the administrator during the exit interview on March 9, 2014. NFPA 101 LIFE SAFETY CODE STANDARD	K 076	K076 10 oxygen E-cylinders in the outside oxygen storage area not secured in a storage rack or container were secured in a container by Facilities Management Director on 3/10/14. Daily inspections by the Facilities Management Director, the Facilities Management Assistant, Director of Nursing, Nursing manager on duty and/or Administrator will be done to assure all E-cylinders in the outside oxygen storage area are secured in a storage rack or container for 2 weeks, then weekly x 4 weeks and/or 100% compliance. Monthly inspections will be completed by Safety Committee. Results obtained will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to the action plan. Safety Committee consists of Administrator, Facilities Management Director, Dietary Director, Director of Nursing, Housekeeping and/or Laundry employee, Certified Nursing Assistant and/or Licensed Nurse.	3/26/14	
K 147 SS=D	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2				

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K 147	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to prohibit the use of power strips as a substitute for fixed wiring to provide power to medical equipment.</p> <p>The findings include:</p> <p>Observation on March 9, 2014 at 11:12 a.m. revealed that resident rooms 108 and 408 have oxygen concentrators plugged into power strips.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit interview on March 9, 2014.</p>	K147	<p>Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.</p> <p>K147 The Oxygen concentrators plugged into power strips in resident rooms 108 and 408 were corrected and plugged directly into wall outlets by Facilities Management Director on 3/9/14.</p> <p>All resident rooms were checked to assure oxygen concentrators were plugged directly into wall outlets by Facilities Management Director on 3/9/14.</p> <p>Education was provided at all-employee Staff Meeting by Director of Nursing regarding requirement of plugging oxygen concentrators directly into wall outlets on 3/14/14.</p>	3/26/14	

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NAME OF PROVIDER OR SUPPLIER

ISLAND HOME PARK HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

1758 HILLWOOD DRIVE
KNOXVILLE, TN 37920

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K 147		K 147	<p>Weekly inspections by the Facilities Management Director or the Facilities Management Assistant will be made of all oxygen concentrators in resident rooms for one month to assure they are plugged directly into wall outlets, then once a month for two months and/or 100% compliance. Monthly inspections will be completed by Safety Committee.</p> <p>Safety Committee consists of Administrator, Facilities Management Director, Dietary Director, Director of Nursing, Housekeeping and/or Laundry employee, Certified Nursing Assistant and/or Licensed Nurse.</p> <p>Results obtained will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to the action plan.</p> <p>Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.</p>	